California the presence of eight Delhi Sands Flower Loving Flys added over \$3.5 million to the cost of building a public hospital—that is over \$441,243 per fly. The Fish and Wildlife Service made the project planners move the hospital after it was already planned for construction to save flv "habitat."

Let me give you an example from my own district in Washington County, Utah where we have been forced to develop a Habitat Conservation Plan for the Desert Tortoise which happens to reside in one of the fastest growing areas of the nation. The County, the City of St. George and the private landowners have responsibly participated in this process but at an incredible cost. For example, within Washington County Utah we spend \$3,554.00 dollars per student in the public school system and this County has a great school system with all of the modern necessities. However, when it comes to the desert tortoise we spend a lot more. There are approximately 7,000 to 8,000 tortoises within the preserve. We are going to spend in excess of \$250 million on these tortoises. That is over \$33,000 per tortoise! Is it not incredible that we are spending almost ten times the amount of public funds on a tortoise than what we are spending on the education of our children! If the American public understood that tortoises, flies and beetles were more important to this Administration than our children, there would be even more outcry for reform.

The Administration likes to brag about the over 200 habitat conservation plans that they have negotiated. Again, almost all of these are in the west. These HCP's as they are called can be very expensive to prepare, with private landowners bearing the cost of paying for their development and implementation. Some of these cost over a million dollars just to propose because the private landowner must pay biologist to conduct surveys and develop plans to avoid the take of the species on the prop-

How much is the ESA costing? The real cost is incalculable. The cost includes lost jobs to loggers in the Pacific Northwest and in the southwest where the logging industry and its taxes have been totally destroyed. It includes ranchers and farmers in the southwest who are having to cut back their herds because of an avalanche of lawsuits filed by radical groups with nothing better to do than file lawsuits against the people who are the back bones of these communities. It includes farmers who don't have enough water for their crops. It includes over a billion dollars spent on salmon with nothing to show for it according to the General Accounting office.

Should we be concerned about these costs? You bet we should be concerned. We all pay these costs in one way or another and yet all this money has resulted in almost no recoveries of endangered species because of actions taken under the ESA. The bald eagle and peregrine falcon did not recover because of ESA. They recovered because of the actions of a few dedicated ornithologists who were able to breed them in captivity and return them to the wild after we removed DDT from our environment. That was not done because of ESA.

ESA has been a dismal, costly failure. We need a new approach that works, but doesn't drain our American economy and create impoverished rural communities throughout the

FIBROMYALGIA, IT IS A DISABLING CONDITION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. FILNER) is recognized for 5 minutes.

Mr. FILNER. Mr. Speaker, I rise this honor of National evening in Fibromyalgia Awareness Day and the suffering that those with this disorder endure. In honor of this day, I just introduced the Access to Disability Insurance Act with the hopes of ending the suffering that those with this disorder experience at the hands of insurance companies.

It is estimated that 6 to 12 million people suffer from fibromyalgia. 75 percent of those with this disease are women. The illness affects people between the ages of 20 to 60, often strik-

ing people in their 20s and 30s.

Although nearly all of those with the disorder suffer from both muscular pain and fatigue, the vast majority also experience insomnia, joint pain and headaches. For many, the suffering they experience with fibromyalgia is just the beginning. When they try to collect on their private disability insurance because their symptoms are debilitating and prevent them from working, they are denied by their insurance company. To add insult to injury, they are then denied the ability by law to appeal their denial.

This denial is easy and is commonplace by insurance companies because of the way that the Employee Retirement Income Security Act is written. This act, known as ERISA, prevents an individual from appealing an insurance company's denial of a claim unless the person can prove that the insurance company, and I quote, abused its dis-

cretion.

That is difficult to do because insurance companies have often stated that physician diagnoses of fibromyalgia are, in their words, subjective because the doctor had to rule out a number of disorders in order to arrive at this fibromyalgia diagnosis.

My bill, the Access to Disability Insurance Act, would allow appeals of insurance company decisions without having to demonstrate the hard to prove standard of abuse of discretion.

Picture this: You and your employer have paid into disability insurance for years, hoping that you will never have to use it. Then you do get sick and fight to get well, but are unable, constantly dealing with uncontrollable pain and fatigue. Then you have to stop working. All the while, your physician is struggling to determine what has gotten you sick. In many cases, it takes 5 years, 5 years, for accurate diagnoses. After all of this, your disability insurance company denies your claim.

Under current law, there is no recourse, no ability to appeal that denial.

Why should a doctor's painstaking diagnosis be brushed off by an insurance company claims administrator? Because, I believe that patients have a

right to appeal that decision, the same right they would have if they applied for governmental Social Security disability benefits, I am introducing this legislation tonight.

This is not an isolated problem. Approximately 30 to 40 percent of fibromyalgia patients have paid into long-term disability plans while they were working, hoping as we all do that we will never need to use this insur-

It is bad enough that people have to suffer from this illness. They should not have to suffer through a disability process that closes the door on them before even hearing an appeal.

I urge all of my colleagues to join me in cosponsoring the Access to Disability Insurance Act and to celebrate National Fibromyalgia Awareness Day.

ENSURING PROPER COMPENSATION FOR THE NUCLEAR CLAIMS, RELOCATION AND RE-SETTLEMENT COSTS OF THE PEOPLE OF THE REPUBLIC OF THE MARSHALL ISLANDS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from American Samoa (Mr. FALEOMAVAEGA) is recognized for 5 minutes.

Mr. FALEOMAVAEGA. Mr. Speaker, yesterday, the House Committee on Resources held a hearing on a subject that I feel is critically important, and I wanted to take this opportunity to share it with our colleagues and to our Nation

Mr. Speaker, I deeply commend the gentleman from Alaska (Mr. YOUNG), the House Committee on Resources chairman, and the gentleman from California (Mr. GEORGE MILLER), the committee's ranking Democrat for convening a hearing to review the longterm effects of America's nuclear testing program on our close friends and long time allies, the good people of the Republic of the Marshall Islands.

Mr. Speaker, our great Nation owes an immense debt to the Marshallese people for their tremendous sacrifices that directly contributed to and continues to contribute to our Nation's nuclear deterrent and ballistic missile defense capability.

Mr. Speaker, the United States in the 1950s detonated 67 nuclear bombs in the homeland of the Marshallese people, directly facilitating development of America's nuclear arsenal while poisoning the environment and the people in the Marshall Islands.

Today the Marshallese people continue to contribute to America's security by providing U.S. testing facilities at Kwajalein Atoll. This atoll, Mr. Speaker, happens to be the largest atoll in the world, for development of our Nation's ballistic missile defense against rogue states possessing weapons of mass destruction.

I want to share a little bit of data with my colleagues, Mr. Speaker. The total amount of TNT that was exploded

at the Nevada nuclear test site was about 1.1 megatons. Now, the amount of TNT that we exploded in the Marshall Islands was 93 megatons. If I could give another example, Mr. Speaker, the hydrogen bomb that was dropped in the Marshall Islands in 1954 was 15 megatons, which is about 1,000 times more powerful than the two bombs that we exploded at Hiroshima and Nagasaki, Japan, in World War II.

Mr. Speaker, the actions of the United States Government have caused the people of the Republic of the Marshall Islands immense harm, which continues to this day. With some 67 underwater surface and atmospheric tests of atomic and thermonuclear weapons tested in the Marshalls we have rendered uninhabitable, due to nuclear radiation, much of these people's homelands. We have disrupted their lives by removing them from their homelands and in some cases they have yet to re-

turn out of fear of radiation contamination should they return.

On top of that, numerous Marshallese have suffered from cancers, leukemia and other life-threatening diseases directly connected to nuclear radiation poisoning.

Mr. Speaker, because of the recent declassification by the Department of Energy of previously classified documents, we now know that our government has not always been candid and forthright with the people of the Marshall Islands. Because of what some would consider callous disregard and perhaps duplicity for the well-being of the residents of the Marshall Islands, they no longer trust our government to do the right thing.

After a preliminary review of the facts, Mr. Speaker, I submit I can understand why our Marshallese friends feel this way.

Mr. Speaker, I regret to report that this whole process has taken too long

and has been woefully underfunded. In this time of expected U.S. budget surpluses from which the House of Representatives last week ad hoc allocated some \$12.9 billion for Kosovo and defense concerns, Mr. Speaker, we really have no excuse for not addressing completely these serious problems which our great Nation has caused for the good people of the Marshall Islands.

Mr. Speaker, I would urge our colleagues to support full and timely compensation for the nuclear-related injuries sustained by the Marshallese people when this matter comes before us. This is the very least we can do in recognition and repayment of the sacrifices made by the people of the Marshall Islands that have ensured that the United States remains strong, remains free and remains protected.

Mr. Speaker, I include the following for the $\ensuremath{\mathsf{RECORD}}$:

U.S. NUCLEAR TESTS IN THE MARSHALL ISLANDS

Test No.	Date	Site	Туре	Yield (kt.)	Operation	Test
1	6/30/46	Bikini	Airdrop	21.00	CROSSROADS	ABLE
2	7/24/46	Bikini	<u>U</u> ndrwtr	21.00	CROSSROADS	BAKER
3	4/14/48	Enewetak			SANDSTONE	
4	4/30/48	Enewetak			SANDSTONE	
5	5/14/48	Enewetak		18.00	SANDSTONE	ZEBRA
6	4/7/51	Enewetak			GREENHOUSE	
7 8	4/20/51	Enewetak			GREENHOUSE	
9	5/8/51	Enewetak			GREENHOUSE	
10	5/24/51 10/31/52	Enewetak			GREENHOUSEIVY	
11	11/15/52	Enewetak			IVY	
12	2/28/54	Bikini			CASTLE	
13	3/26/54	Bikini			CASTLE	
14	4/6/54	Bikini			CASTLE	
15	4/25/54	Bikini			CASTLE	
16	5/4/54	Bikini		13,500.00	CASTLE	
17	5/13/54	Enewetak			CASTLE	NECTAR
18	5/2/56	Bikini	Air Drop		REDWING	
19	5/4/56	Enewetak			REDWING	
20	5/27/56	Bikini			REDWING	
21	5/27/56	Enewetak			REDWING	
22	5/30/56	Enewetak			REDWING	
23	6/6/56	Enewetak			REDWING	
24	6/11/56	Bikini			REDWING	
25	6/11/56	Enewetak			REDWING	
26	6/13/56	Enewetak			REDWING	
27 28	6/16/56	Enewetak			REDWING	
28 29	6/21/56	Enewetak			REDWING	
30	6/25/56 7/2/56	Bikini Enewetak				
31	7/8/56	Enewetak			REDWING	
32	7/10/56	Bikini			REDWING	
33	7/20/56	Bikini			REDWING	
34	7/21/56	Enewetak			REDWING	
35	4/28/58	Nr Enewetak			HARDTACK I	
36	5/5/58	Enewetak			HARDTACK I	
37	5/11/58	Bikini		1,360.00	HARDTACK I	FIR
38	5/11/58	Enewetak			HARDTACK I	
39	5/12/58	Enewetak			HARDTACK I	
40	5/16/58	Enewetak	Undrwtr	9.00	HARDTACK I	WAH00
41	5/20/58	Enewetak	Barge	5.90	HARDTACK I	HOLLY
42	5/21/58	Bikini	Barge	25.10	HARDTACK I	
43	5/26/58	Enewetak			HARDTACK I	
44	5/26/58	Enewetak			HARDTACK I	
45	5/30/58	Enewetak			HARDTACK I	
46	5/31/58	Bikini			HARDTACK I	SYCAMORE
47 48	6/2/58	Enewetak			HARDTACK I	
48 49	6/8/58 6/10/58	Enewetak			HARDTACK I	
50	6/14/58	BikiniBikini			HARDTACK IHARDTACK I	
51	6/14/58	Enewetak			HARDTACK I	
52	6/18/58	Enewetak			HARDTACK I	
53	6/27/58	Bikini	Barge	412.00	HARDTACK I	REDWOOD
54	6/27/58	Enewetak		880.00	HARDTACK I	ELDER
55	6/28/58	Enewetak			HARDTACK I	
56	6/29/58	Bikini		14.00	HARDTACK I	
57	7/1/58	Enewetak		5.20	HARDTACK I	SEQUOIA
58	7/2/58	Bikini		220.000	HARDTACK I	CEDAR
59	7/5/58	Enewetak	Barge		HARDTACK I	DOGWOOD
60	7/12/58	Bikini		9,300.00	HARDTACK I	POPLAR
61	7/14/58	Enewetak			HARDTACK I	
62	7/1/58	Enewetak			HARDTACK I	
63	7/22/58	Bikini			HARDTACK I	
64	7/22/58	Enewetak			HARDTACK I	
65	7/26/58	Enewetak			HARDTACK I	
66	8/6/58		Surface	FIZZ	HARDTACK I	OHNCE

Sources: U.S. Department of Energy, United States Nuclear Tests: July 1945 through September 1992. Document No. DOE/NV-209 (Rev. 14), December 1994. RMI Nuclear Claims Tribunal. Annual Report to the Nitijela For the Calendar Year 1996. Majuro: 1997.

CONGRESSIONAL RECORD—HOUSE

TABLE I.—CUMULATIVE DOSES BY EVENT AND LOCATION
(Finite Dose to Next Event)—mr

EVENT	BRAV0	ROMEO	KOON	UNION	YANKEE	NECTAR	TOTAL
Days between events	26	11	19	9	9	10	
	AERIAL MONITOR	RING					
Lae	5.5 6 250 1 60,000 1 180,000 280 60,000 1 22,000 1 15,000 1,200 1,700 1,700 1,20 20 20 60 60 200 40 350 390	12 32 270 3,400 11,000 9,000 60 3,000 1,200 800 410 410 170 90 140 250 200 300 160 200 200 200	12 17 110 3,300 6,000 5,000 9,5 1,200 700 1,000 1110 130 80 100 100 70 70 70 70 200 300 50 50	7.5 9.5 55 8 3.400 550 100 120 100 18 30 0 8 2 8 20 8 8	1,700 330 380 500 200 200 25 0 0 25 0 0 25 0 0 40 25	95 1.4 4 70 300 280 150 50 20 20 16 0 0 0 1.3 2.6 1.3 1.3 2.6 4.0	125 114 784 67,000 202,000 370 67,000 24,000 17,000 6,140 1,978 216 255 252 353 391 401 441 594 471 341 549 647
Wotje	1,800	300	200	13	220	10	2,543

¹ Based on arrival estimated from Rongerik data.

TEEN PREGNANCY MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Mr. Speaker, I am pleased to be here this evening, because it is Teen Pregnancy Awareness Month, to address this epidemic of teen pregnancy in our country. It is a reality that affects our entire society and it deserves not only our attention but it also deserves a series of remedies.

Teens are often a group invisible to health policymakers and providers because they are generally in good physical health and they have limited contact with health care providers. Parents and health care providers often believe that young equals healthy.

Unfortunately, the United States not only leads the Western industrialized world in teen sexual activity and teen pregnancy but there is double the rate of these activities in the United States than in other industrialized nations. That is shocking.

Teen sexual activity has led to 3 million teens acquiring sexually transmitted diseases each year along with one of the fastest rising rates of AIDS cases. The National Institute of Allergy and Infectious Diseases reports that 25 percent of new HIV infections are occurring to people between the ages of 13 and 20. Teen mothers are less likely to graduate from high school and nearly 80 percent of teen mothers turn to welfare.

These circumstances have had a detrimental effect on our children and obviously on our society as a whole.

The problem is apparent. But now what can we do? Teens who engage in risky behaviors such as sex at an early age may be attempting to mask or cope with emotional school or family problems, and these behaviors may be a call for help. By understanding and valuing the concerns of young people, adults

can help develop and encourage safer options that are attractive to adolescents and teens.

For the past few years, we have seen a slow decline in our Nation's teen pregnancy rates. We can be grateful for that. Communities all over the country have reached out to their teens by providing information and support.

□ 1830

But what we need to know is we need to know what works. I am pleased to be a sponsor of H.R. 1636, the Teen Pregnancy Reduction Act introduced by the gentleman from Delaware (Mr. CASTLE) and supported and endorsed by many of the people who will be speaking this evening, including the gentlewoman from North Carolina (Mrs. CLAYTON), who is involved with this special order.

That legislation calls for an evaluation of the best methods of communicating with our youth about sex, and uses these programs as models for areas that are in need around the country. It is a nonpartisan approach, and it would include experts who would collaborate on the most effective method of getting in touch with teens and therefore decreasing teen pregnancy rates.

Some of the organizations leading this effort in battling teen pregnancy that would be called on in this legislation are the Centers for Disease Control and Prevention, the Office of Population Affairs, the National Institute of Child Health and Human Development, and the National Campaign to Prevent Teen Pregnancy.

It is obvious that a cookie cutter approach to teaching our teens about sex and how to reduce risky behavior will not be enough to minimize pregnancy rates. Now we as policymakers need to provide methods that work.

As a cosponsor of that Teen Pregnancy Reduction Act and a member of the House Advisory Panel to the National Campaign to Prevent Teen Pregnancy, and as a mother and as a grand-

parent, I urge our colleagues to join with us to combat this epidemic of teen pregnancy in our country.

The SPEAKER pro tempore (Mr. SHIMKUS). Under a previous order of the House, the gentleman from Illinois (Mr. RUSH) is recognized for 5 minutes.

(Mr. RUSH addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

PASS THE HATE CRIMES PREVENTION ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Massachusetts (Mr. McGovern) is recognized for 5 minutes.

Mr. McGOVERN. Mr. Speaker, I rise today to commend Deputy Attorney General Eric Holder, who yesterday correctly testified before Congress that current Federal hate crime laws are inadequate in the fight against crimes of hate. Present laws do not prohibit crimes against individuals based on their sexual orientation or gender. Deputy Attorney General Holder urged Congress to pass legislation that would expand Federal authority to prosecute those responsible for such crimes.

On May 3, 1999, I hosted a community discussion at Clark University in Worcester, Massachusetts, on this timely and important piece of legislation, H.R. 1082, the Hate Crimes Prevention Act of 1999.

The forum brought together scores of community leaders and organizations, including the National Conference for Community and Justice, the Human Rights Campaign, the Safe Homes